

How do you know if attachment is effective?

- **It doesn't hurt.** This is not an infallible sign but the opposite is certainly true - if it does hurt it cannot be quite right.
- If the nipples have already been damaged, even effective attachment will hurt for 10 -20 seconds, as the damaged tissue of the nipple is stretched to form the teat. After that it should improve considerably. If it does not, the attachment still needs improvement.
- The baby will **start sucking almost immediately**
- The baby's **sucking pattern will change** from quick short sucks to slow deep sucks.
- The baby will **pause from time to time**, and then start sucking again without having to be prodded or coaxed.
- The baby's body (and hands) will be **relaxed** and still until the very end of the feed.
- The baby will let go of the breast **spontaneously** when he has finished, or can be encouraged to fall away if the breast is gently raised.
- The feed takes a **reasonable length of time**. After the first week this should be less than 40 minutes per breast, most of the time.
- When the baby has finished feeding, the mother's **nipple** should be the same **shape** as it was before the feed. If it has obviously been compressed it was not far enough back in the baby's mouth.
- The **feed should be quiet**, although swallowing may be heard from time to time. Noisy gulping feeds suggest ineffective attachment.
- The baby can **breathe without difficulty** and without the breast being held back. The nose should hardly touch the breast
- The baby's **chin should be in close contact** with the breast
- If you *can see* the angle of the baby's mouth, it should be greater than 100 degrees i.e. wide open.
- If you *can see* any areola, there should be more visible beyond the top lip than beyond the bottom one.

(There is no need to check whether the bottom lip is curled back. It is not the best guide and looking for it often detaches the baby.)

